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Bib Data Sheet

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/719,208 | <b>FILING OR 371(c) DATE</b><br>11/20/2003<br><b>RULE</b> | <b>CLASS</b><br>455 | <b>GROUP ART UNIT</b><br>2618 | <b>ATTORNEY DOCKET NO.</b><br>1020.P16292 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Adrian P. Stephens, Cambridge, UNITED KINGDOM;  
 Eric A. Jacobsen, Scottsdale, AZ;  
 Duncan M. Kitchin, Beaverton, OR;  
 Sumeet Sandhu, San Jose, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/493,937 08/08/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/20/2004

|   |   |                            |                           |                                |
|---|---|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>5 | <b>TOTAL CLAIMS</b><br>36 | <b>INDEPENDENT CLAIMS</b><br>7 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>   |   |                            |                           |                                |

**ADDRESS**

57035

**TITLE**

Trained data transmission for communication systems

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1532 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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